

lees, to:

Box ISSUE FEE Assistant Commissioner for Paterna Washington, D.C. 20231



(Depositor's name)

(Signature)

MAILING INSTRUCT. NS: This form at old be used for transmitting the ISSUE FEE. Blocks 1 through 4 should be completely developed portate. All further correspondence including the Issue Fee Receipt, the Patent, advanced in notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

Complete and mail this form, together with a

IM52/1108

CHARLES Q BUCKWALTER ALUMINUM COMPANY OF AMERICA ALCOA TECHNICAL CENTER 100 TECHNICAL DRIVE ALCOA CENTER PA 15069-0001

Note: The certificate of mailing below can only be used for domestic mailings of the Issue Fee Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing.

Certificate of Mailing

I hereby certify that this Issue Fee Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mall in an envelope addressed to the Box Issue Fee address above on the date indicated below.

Marlene E. Lacanic

MECON CENTER	February	(Date)				
APPLICATION NO.	FILING DATE	TOTAL CLAIM	IS	EXAMINER AND GROUP	ART UNIT	DATE MAILED
09/208,963	12/10/98	040	WILKINS	III, H	1742	11/08/01
First Named Applicant		35 U	SC 154(b)	term ext. :	= 0 Davs	5.

TITLE OF INVENTION HIGH TOUGHNESS PLATE ALLOY FOR AEROSPACE APPLICATIONS

ATTY'S DOCKET NO.	CLASS-SUBCLASS	. BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE	
1 97-2739	148-439.	000 06:	2 UTILI	ITY NO	\$1280.00	02/08/02	
Use of PTO form(s) and Customer Number are recommended, but not required. (1) the stattomer Throughout Change of Correspondence Address form PTO/SB/122) attached. (2) the stattomer throughout Change of Correspondence Address form PTO/SB/122) attached. (3) the stattomer throughout Change of Correspondence Address form PTO/SB/122) attached. (4) the stattomer throughout Change of Correspondence Address form PTO/SB/122) attached.			(1) the names	For printing on the patient front page, list the names of up to 3 registered patient attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent)		es Q. Buckwalter	
			the name of member a reg			W. Meder	
				of up to 2 registered patent ents. If no name is listed, no inted.		I. Levine	
ASSIGNEE NAME AND RESIDENC PLEASE NOTE: Unless an assignee inclusion of assignee data is only at the PTO or is being submitted under filling an assignment. (A) NAME OF ASSIGNEE A	on the patent. ty submitted to	la. The following fees are a of Patents and Tradema issue Fee	rks):	ck payable to Commissioner			
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY & STATE O P1 Please check the appropriate assign individual		Ib. The following fees or der DEPOSIT ACCOUNT N (ENCLOSE AN EXTRA: This us Fee Advance Order - # of	UMBERCOPY OF THIS FO				
The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above.							
(Authorized Signature)	du	(Date) 02/	07/02			8	
NOTE: The Issue Fee will not be accept of agent; or the assignee or other party Trademark Office.				20100			
Burden Hour Statement: This form depending on the needs of the indivi- to complete this form should be sen Office, Washington, D.C. 20231. DO ADDRESS. SEND FEES AND THIS Patents, Washington D.C. 20231	me required I Trademark AS TO THIS			CV0222 00000013 011000 1280.00 CH			
Under the Paperwork Reduction Act of information unless it displays a va		ired to respond to	a collection			71.2002 CW	
	TRANS		ORM WITH	FEE		S II	